## FORM D



## U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
DATE	RECE	IVED					

Filing Under (Check box(es) that		)5 Rule 506	☐ Section 4	H(6) □ ULOE	PROC
Type of Filing: New Filing x		<u> </u>	·		1,1100
	<del> </del>	DENTIFICATION	ON DATA	,	
1. Enter the information requeste					DEC 3
· ·	is an amendment and name has cha	anged, and indica	te change.)		
Greendot Marketing Cor	rporation.				THOA
Address of Executive Offices	(Number a	nd Street, City, S	tate, Zip Co	de) Telephone Number (Inc	luding Area F1410A
137 Fifth Avenue				212.358.0551	
New York, NY 10010					
Address of Principal Business Or	perations (Number a	nd Street, City, S	tate, Zip Co	de) Telephone Number (Inc	luding Area Code)
CE ALPERALLE FRANK TOWN COLOR			, ,		
ii different from Executive Offic	es)				
`	es)		· · · · · · · · · · · · · · · · · · ·		
(if different from Executive Office Brief Description of Business  Provision of aff  Type of Business Organization x□ corporation □ business trust	inity marketing program u  limited partnership, already form  limited partnership, to be for	ned	ronically	issued and redeeme	
Brief Description of Business  Provision of aff  Type of Business Organization  x corporation	inity marketing program u limited partnership, already form	ned	Year		:



## A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and
- · Each general and managing partner of partnership issuers.

	, 61				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	x Executive Officer	x Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Field, Stephen					
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
137 Fifth Avenue					
New York, NY 1001	Û				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	x Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
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Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
137 Fifth Avenue					
New York, NY 1001	0				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	x Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Stein, Alexander					
Business or Residence Addre	ass (Number and	Street, City, State, Zip	Code)		
137 Fifth Avenue					
New York, NY 1001	0				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director 1	General and/or Managing Partner
Full Name (Last name first,	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ess (Number and	1 Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Managing Partner			· · · · · · · · · · · · · · · · · · ·		
Full Name (Last name first, i	d individual)				
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Business or Residence Addre	ess (Number and	I Street, City, State, Zip	Code)		
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Managing Partner Full Name (Last name first, i	if individual)				
The Falling Canal Marine (Cana)	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Addre	ace (Number and	Ctroot City State Vin	Code):	<del> </del>	
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Managing Partner	L I reallester	□ Deficite at Cwilet	LA LACORITO CATICOL	- Director	- Central arabor
Full Name (Last name first, i	if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,					
	,				
Business or Residence Addre	ess: (Number and	Street, City, State, Zip	Code)	, <u>, , , , , , , , , , , , , , , , , , </u>	despective to the state of the
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i					

Business or Residence Address (Number and Street, City, State, Zip Code)

				B.	INFORM	ATION AF	<b>SOUT OFF</b>	ERING				
1.	Has the issue	r sold, or do	es the issue	r intend to	sell, to non-	-accredited	investors in	this offeri	ng?		•••••	Yes N
				Answer a	so in Appe	ndix, Colur	nn 2, if filir	ng under UI	OE.			
2.	What is the m	ninimum in	vestment tha	at will be a	ecepted from	n any indiv	idual?					\$ 50.00
3.											Yes N	
4.	Enter the information person or age five (5) person only.	for solicita nt of a brok	tion of pure .e. or dealer	hasers in co registered	onnection w with the SE	rith sales of C and/or w	'securities i iilī a state c	n the offeri n states, list	ng. If a per i the name o	son to be li If the broke	sted is an a n or dealer	ssociated . If more than
Full	Name (Last.na	me first, if	individual)	······································								
Bus	iness or Reside	nee Addres	s (Number	and Street,	City, State,	Zip Code)	··			·		······································
Nan	ne of Associate	d Broker o	Dealer									<del></del>
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			(232 6M			3				J-9		

4.5

Total

\$25,000,00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to part C -\$975,000.00 Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Payments to Directors, & Others **Affiliates** Salaries and Fees □ \$\_ Purchase of real estate \_\_\_\_ 🗆 \$\_\_\_\_ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) Repayment of Indebtedness..... □ \$\_\_\_\_\_ Working capital **⊠** \$975,000.00 Other (specify): \_\_\_\_\_\_ Column Totals □ \$\_ Total Payments Listed (column totals added) **\$975,000.00** D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed under rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-generalists investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature November 25, 2002 Greendot Marketing Corporation Name of Signer (Print or Type) Title of Signer (P

Stephen Field

President

		E. STATE SI	GNATURE	
1.		resently subject to any of the disqualification	Yes N	
		See Appendix, Column	5, for state response.	
2.		issuer hereby undertakes to furnish to any s 239.500) at such times as required by state	tate administrator of any state in which this notice is fill law.	ed, a notice on
3.	The undersigned issuer to offerees		ate administrators, upon written request, information fo	ırnished by the
4.	Limited Offering		with the conditions that must be satisfied to be entitled to is notice is filed and understands that the issuer claiming that these conditions have been satisfied.	
	has read this notificed duly authorized p		has duly caused this notice to be signed on its behalf by	y the
Issuer (Pri	nt or Type)	Signature	Date	
Greendo Corpora	ot Marketing tion			
Name (Pri	nt or Type)	Title (Print or Type)		
Stephen	Field	President		

APPENDIX 3 2 4 Disqualification under State ULOE Type of security Intend to sell (if yes, attach and aggregate offering price to non-accredited explanation of Type of investor and investors in State waiver granted) offered in state amount purchased in State (Part C-Item 2) (Part C-Item I) (Part E-Item 1) (Part C-Item 1) Preferred Stock State Yes No Number of Amount Number of Amount Yes No and Warrants Acoredited Non-Accredited Investors Investors AL ΑK A7. AR ĈÀ CO CT DE DC FL GA HI ID IL IN ΙA KS ΚY I.A ME MD MΛ MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI šĈ SD TN TX ÚŢ VŢ VA WA WV WI WY PR'